

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known	
Application Number	10/017,788
Filing Date	December 13, 2001
First Named Inventor	Nguyen, Quan
Examiner Name	Counts, Gary W.
Art Unit	1641
Attorney Docket No.	002558-064310US

METHOD OF PAYMENT (check all that apply)																													
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None																									
<input checked="" type="checkbox"/> Deposit Account:																													
Deposit Account Number	20-1430																												
Deposit Account Name	Townsend and Townsend and Crew LLP																												
The Director is authorized to: (check all that apply)																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments																												
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																													
FEE CALCULATION																													
1. BASIC FILING FEE																													
Large Entity	Small Entity																												
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																										
1001 770	2001	385 Utility filing fee																											
1002 340	2002	170 Design filing fee																											
1003 530	2003	265 Plant filing fee																											
1004 770	2004	385 Reissue filing fee																											
1005 160	2005	80 Provisional filing fee																											
SUBTOTAL (1)			(\$)																										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																													
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Fee from below</th> <th>Fee Paid</th> <th></th> </tr> <tr> <th colspan="2">Total Claims</th> <th>Extra Claims</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="2">43</td> <td>-48** = 0</td> <td>X\$18</td> <td>\$0</td> </tr> <tr> <td colspan="2">Independent Claims</td> <td>3</td> <td>-5** = 0</td> <td>X\$88</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>							Fee from below	Fee Paid		Total Claims		Extra Claims			43		-48** = 0	X\$18	\$0	Independent Claims		3	-5** = 0	X\$88	Multiple Dependent			X	
		Fee from below	Fee Paid																										
Total Claims		Extra Claims																											
43		-48** = 0	X\$18	\$0																									
Independent Claims		3	-5** = 0	X\$88																									
Multiple Dependent			X																										
Large Entity	Small Entity																												
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																										
1202 18	2202 9	Claims in excess of 20																											
1201 88	2201 43	Independent claims in excess of 3																											
1203 290	2203 145	Multiple dependent claim, if not paid																											
1204 85	2204 43	** Reissue independent claims over original patent																											
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																											
SUBTOTAL (2)			(\$)																										
*or number previously paid, if greater; For Reissues, see above																													
Other fee (specify)																													
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$180)																									

SUBMITTED BY					
Complete (if applicable)					
Name (Print/Type)	Joel G. Ackerman	Registration No. (Attorney/Agent)	24,307	Telephone	415-576-0200
01/26/2005	FS/Signature 00000005 20-1430 10017788			Date	October 7, 2004

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1202 12 X 50 = 600